

Name  
in  
Full

Ethel Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Birch</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1906	Month	Sept	Day	30
Age	9	Years		Months	
Sex	Female	Color or Race	white	Birth-place	Birch
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John N. Anderson			Father's Birthplace	Wicomico
Mother's Maiden Name	Ella Johnson			Mother's Birthplace	"
Name of person giving information	John N. Anderson			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Croup. Measles	How long	3 days
Immediate	acute ear-nose	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. R. Bishop
		Address	Wicomico, Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

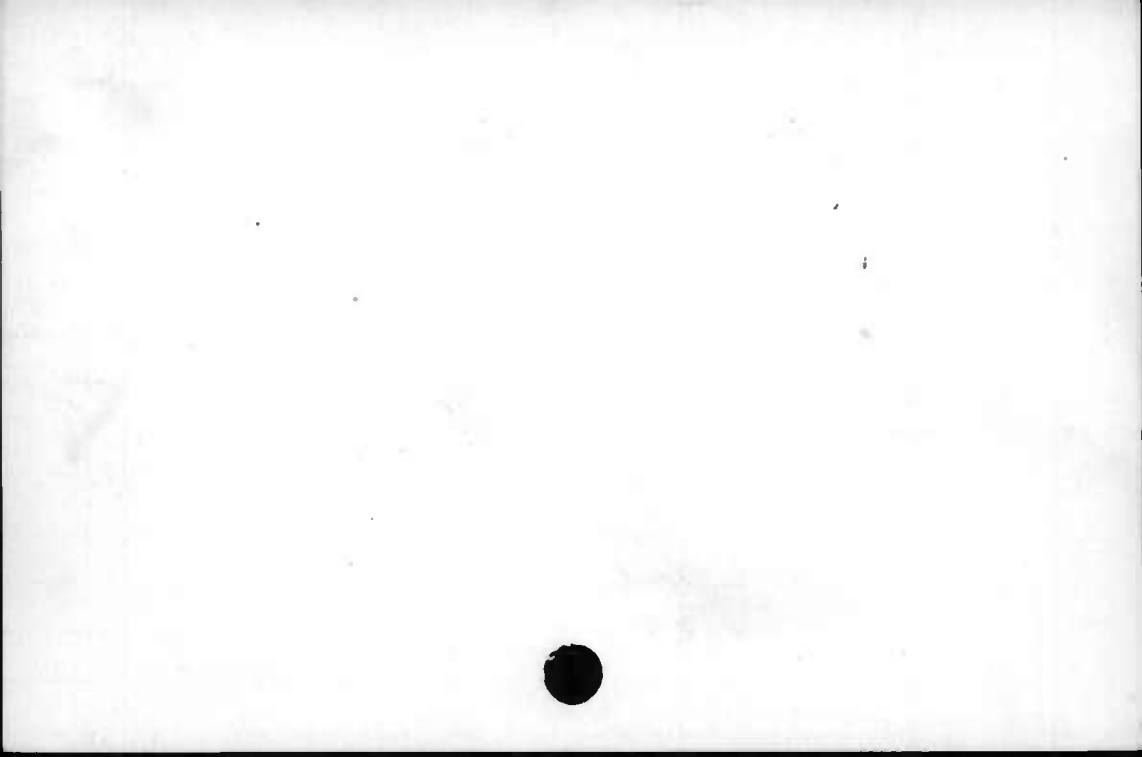
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>10<sup>th</sup></i>	Age <i>58</i>	Months <i>6</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Berlin Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death _____				
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Silas E. Bailey</i>				
Father's Name <i>George Brittingham</i>	Father's Birthplace <i>Berlin Md.</i>				
Mother's Maiden Name <i>Kitty Davis</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Reuben P. Bailey</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Paralysis</i>	How long <i>Don't know</i>
Immediate <i>Coma &amp; Heart failure</i>	How long <i>7 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Krumm M.D.</i>
	Address <i>Delaware Md</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

Thomas Edgar Birchhead

## CERTIFICATE OF DEATH

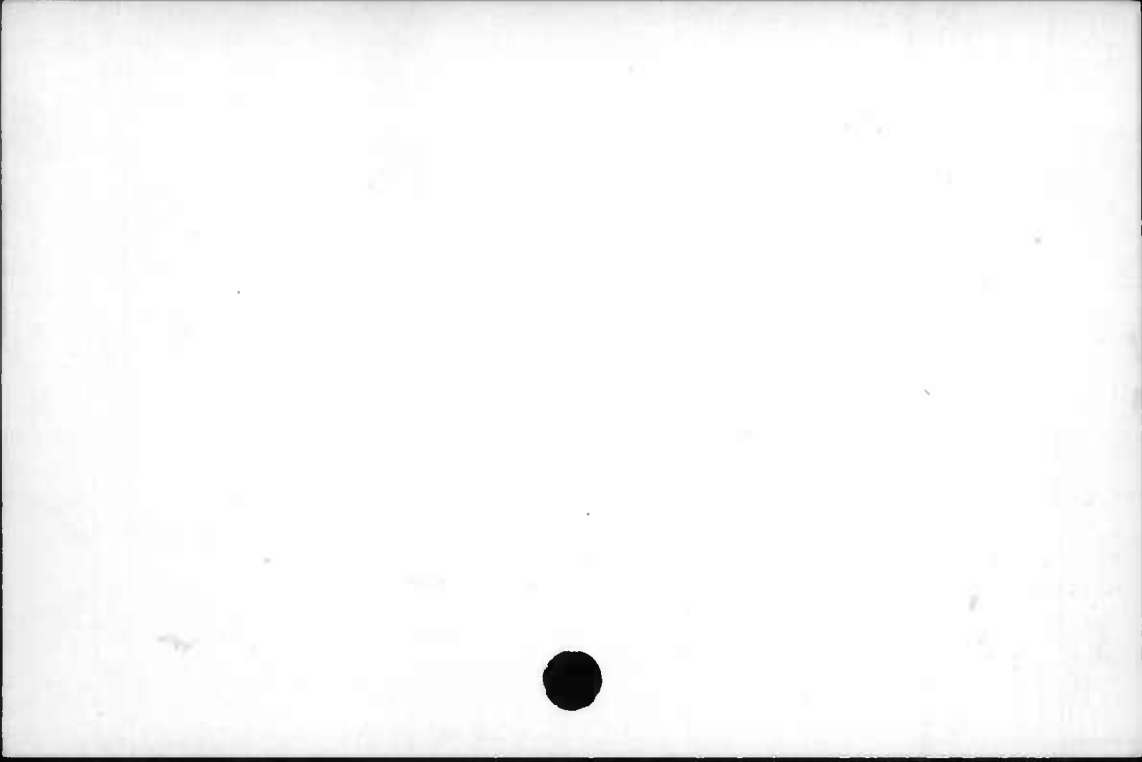
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hebron</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND		
Date of death	<u>1906</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>14</u> <small>Years</small>	<u>    </u> <small>Months</small>	<u>    </u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Hebron Md.</u>	
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>    </u>			
<del>Married, Single</del> <del>or Widowed</del>	<u>Single</u>	Name of Wife or Husband <u>    </u>				
Father's Name	<u>Noah T. Birchhead</u>			Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Mary L. Maddux</u>			Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>J. E. Birchhead</u>			How related to deceased	<u>Cousin</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>    </u>	How long	<u>    </u>
Immediate	<u>Accident caught in belt at canning house</u>		
Are the name, age, sex, color, date and place correctly given above?	<u>so far as I know</u>	Signature of Physician	<u>Geo. C. Hill</u>
		Address	<u>Undertaker</u> <u>Salisbury Md.</u>
Accident or Suicide?	<u>    </u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary J. Baker* Town *Delisbury* County *Wicomico*

Died at *Delisbury*

Date of death *1906* Month *Sept* Day *19* Age *58* Years Months *11* Days *9*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housework* Where Residing if not at place of death *Wilmington Del*

Married, Single or Widowed *Single* Name of Wife or Husband *Thomas Baker*

Father's Name *Joseph Gillis* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Taylor* Mother's Birthplace *Md*

Name of person giving information *Sarah Carey* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Malignant Abdom. Disease* How long *several months*

Immediate *General emaciation & cachexia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Samuel W. Seabolt M.D.*

Address *Delmar, Del.*

Accident or Suicide? *No*

W B Halloway Esq



Name in Full <b>John L. Brown</b>		Town <b>Salisbury</b>		County <b>Wicomico</b>		CERTIFICATE OF DEATH	
Died at		Month <b>Sept.</b>		Day <b>9th</b>		Years <b>24</b>	
Date of death <b>1906</b>		Months		Days		MARYLAND	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Salisbury Md.</b>			
Occupation <b>Waiter</b>		Where Residing if not at place of death <b>_____</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>_____</b>					
Father's Name <b>William Brown</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Mary Pullett</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>E. W. Pullett</b>		How related to deceased <b>Uncle</b>					

TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH	
		Primary <b>Tubercular Phthisis</b>	How long <b>(27)</b>
		Immediate <b>Summer</b>	How long
		Are the name, age, sex, color, date and place correctly given above? <b>yes -</b>	
PHYSICIAN OR CORONER		Signature of Physician <b>Harry Full</b>	
		Address <b>Salisbury Md</b>	
		Accident or Suicide? <b>No</b>	



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>17</i>	Age <i>62</i>	Years	Months <i>2</i>	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Margaret E. Carey</i>					
Father's Name <i>Ebenezer Carey</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Rita R. Davis</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Samuel H. Carey</i>		How related to deceased <i>Brother</i>					

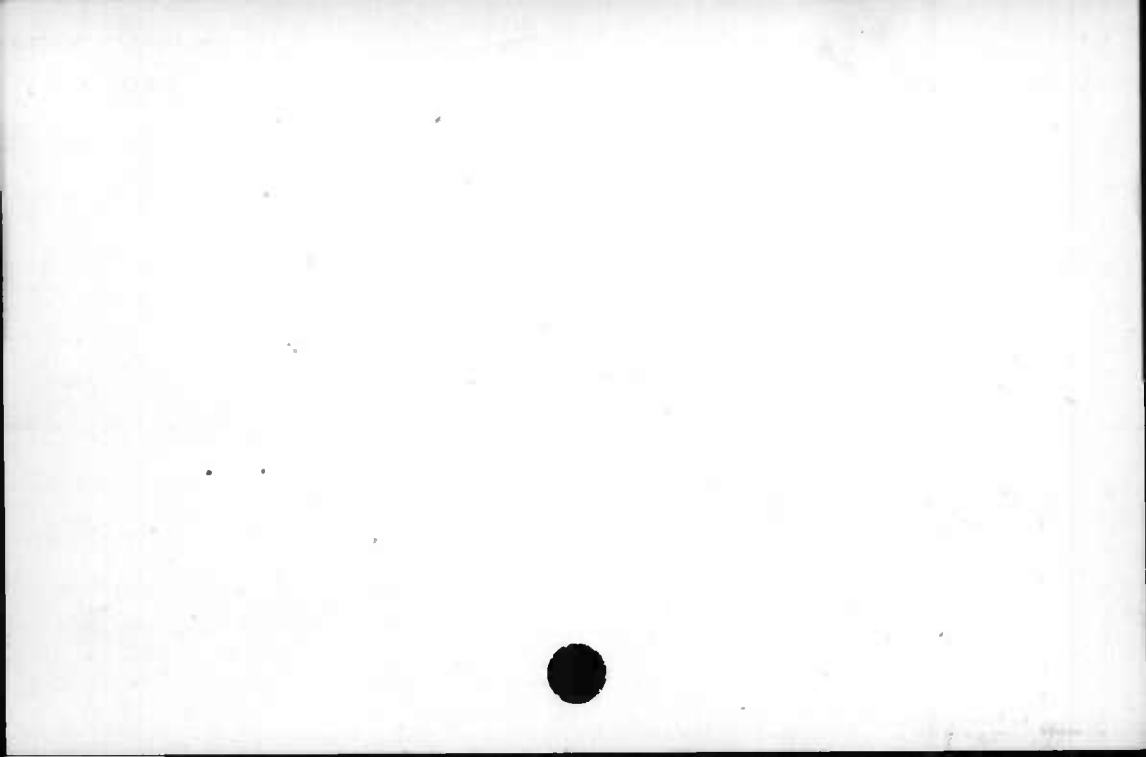
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Don't know</i>
Immediate <i>Dyspnea and Pain</i>	How long <i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Clemens M.D.</i>
<i>Yrs</i>	Address <i>Salisbury</i>
<i>Accident or Suicide?</i>	<i>Only saw him one time</i>
	<i>Md.</i>

Fort 196 - Hollaway, the

Name In Full <i>Miss Conway</i>		Town		County <i>Wicomico</i>		CERTIFICATE OF DEATH	
Died at				MARYLAND			
Date of death 1906		Month <i>Sept</i>	Day <i>14</i>	Age <i>2</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Netepquin</i>				
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Rosell J. Conway</i>		Father's Birthplace <i>Wicomico Co</i>					
Mother's Maiden Name <i>Ida Bell</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Rosell Conway</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Typhoid</i>		How long <i>2 wks.</i>				
	Immediate <i>Collapse</i>		How long <i>2 da</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Bishop</i>				
			Address <i>Stametsville, Md.</i>				
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Itic</u> County		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Sept</u>	Day	<u>23</u>
Age		<u>37</u>		Years	<u>37</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>		Birth-place
Occupation		<u>House servant</u>		Where Residing if not at place of death	
Married, Single or Widowed		<u>Single</u>		Name of Wife or Husband	
Father's Name		<u>_____</u>		Father's Birthplace	
Mother's Maiden Name		<u>Easter Keeler Leashell</u>		Mother's Birthplace	
Name of person giving information		<u>Mr Leashell</u>		How related to deceased	
				<u>Sister</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid</u>	How long	<u>21 days</u>
Immediate	<u>Cardiac failure</u>	How long	<u>21 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. D. Strong</u>	
		Address	
		<u>Allen Md</u>	
Accident or Suicide?			

Al No



Name  
in  
Full

Ruth E Washell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1906</i> Year	<i>Sept</i> Month	<i>11</i> Day	Age	<i>4</i> Months
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i> Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>William Oscar Washell</i>		Father's Birthplace	<i> Md</i>
Mother's Maiden Name		<i>Maggie Washell</i>		Mother's Birthplace	<i> Md</i>
Name of person giving information		<i>Maggie Washell</i>		How related to deceased	<i> Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Lifelong</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. M. Humphreys</i>
		Address	<i>Salisbury, Md.</i>
Accident or Suicide?	<i>No.</i>		

R. to Hecorway No

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **Samuel Washiell** County **Wicomico** State **MARYLAND**

Died at **Near Whit Haven**

Date of death **1906** Month **Sept** Day **23** Age **52** Years Months Days

Sex **male** Color or Race **Black** Birth-place **MD**

Occupation **Laborer** Where Residing if not at place of death **Salisbury MD**

Married, Single or Widowed **Single** Name of Wife or Husband

Father's Name **Samuel Washiell** Father's Birthplace **MD**

Mother's Maiden Name **Armanda Washiell** Mother's Birthplace **MD**

Name of person giving information **Everett Washiell** How related to deceased **Son**

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

D.G. - Hollaway Fls

Name  
In  
Full

Lewis Davis, Col

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Aller</u>		Town		County <u>Mic</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>20</u>	Age <u>14</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Mic Co</u>				
Occupation <u>Farm work</u>			Where Residing if not at place of death				
<del>Married, Single</del> <del>or Widowed</del>			<del>Name of Wife or Husband</del>				
Father's Name <u>Asariah Davis</u>			Father's Birthplace <u>Dummitt Co</u>				
Mother's Maiden Name <u>Lurman King</u>			Mother's Birthplace <u>Dum Co</u>				
Name of person giving information <u>Arthur King</u> <u>grandfather</u>			How related to deceased <u>Grandfather</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>1</u>
Immediate	<u>Shock</u>	How long	<u>Three weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. S. King</u>	
<u>2</u>		Address <u>Aller</u>	
Accident or Suicide? <u>No</u>		<u>md</u>	

NGHFG

Name  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Salisbury* TownCounty *Wicomico*Date of death *1906* Month *Sept*Day *20*Age *46* YearsMonths *1*Days *6*Sex *Female*Color or Race *White*Birth-place *Md*Occupation *Housework*

Where Residing if not at place of death

Married, Single or ~~Widowed~~

Name of Wife or Husband

*William A Ennis*Father's Name *Isaac H Fleming*Father's Birthplace *Md*Mother's Maiden Name *Rebecca L Pusey*Mother's Birthplace *Md*Name of person giving information *William A Ennis*How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Endocarditis*How long *Several months*Immediate *Several Emaciation & heart failure*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

*Louis Williams M.D.*  
*(Salisbury Md)*

Accident or Suicide?

D B Hallway & Co



Name  
in  
Full

## CERTIFICATE OF DEATH

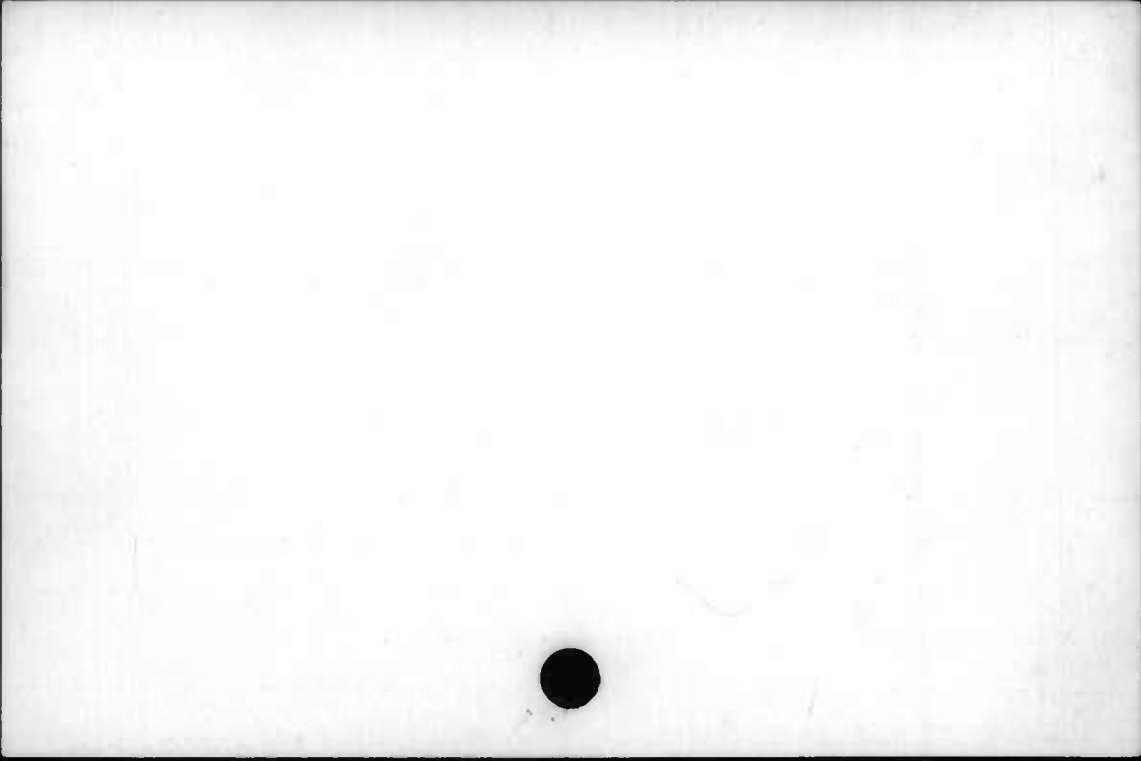
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John C. Gordy.</b>		Town <b>near Salisbury</b>		County <b>Wicomico</b>		MARYLAND	
Died at <b>near Salisbury</b>		Month <b>Sept</b>		Day <b>7</b>		Years <b>64</b>	
Date of death <b>1906 Sept</b>		Color or Race <b>Black</b>		Birth-place <b>Ind.</b>		Months <b></b>	
Sex <b>Male</b>		Occupation <b>Farmer</b>		Where Residing if not at place of death <b></b>		Days <b></b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Margarett Gordy</b>					
Father's Name <b>Risden Gordy</b>		Father's Birthplace <b>Ind.</b>					
Mother's Maiden Name <b>Margarett Ruel</b>		Mother's Birthplace <b>Ind.</b>					
Name of person giving information <b>William Gordy</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid Fever</b>	How long <b>3 or 4 weeks</b>
Immediate <b>Purpura hemorrhagica &amp; heart failure</b>	How long <b>about 10 days</b>
Are the name, age, sex, color, date and place correctly given above? <b></b>	Signature of Physician <b>Louis W. Morris M.D.</b>
<b></b>	Address <b>Salisbury Ind.</b>
Accident or Suicide? <b></b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lizzie Handy</i>		Town <i>Trappe</i>		County <i>Mannier</i>		MARYLAND	
Died at <i>Trappe</i>		Date of death <i>1906</i>		Age <i>27</i>		Months <i>Sept</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Mannier</i>		Days	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or <i>Widowed</i>		Name of Wife or Husband <i>Eleck Handy</i>					
Father's Name <i>Don't know</i>		Father's Birthplace					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace					
Name of person giving information <i>Eleck Handy</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. N. O'Day</i>
	Address <i>Leptonsville</i>
Accident or Suicide?	<i>and</i>

Returned & returned

Name  
in  
Full

Henry J. Hardister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1901</u> <small>Year</small>		<u>Sept</u> <small>Month</small>	<u>21</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>5</u> <small>Months</small> <u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Salisbury Md</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>Salisbury Md</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>A. L. Hardister</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Eva A. Daugherty</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>A. L. Hardister</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>15</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. W. F. Foltz</u>	
<u>2</u>		Address <u>Salisbury Md</u>	
Accident or Suicide? <u>—</u>			

Д. В. Ноланд

Name  
In  
Full

Daniel H. Hudson

CERTIFICATE OF DEATH

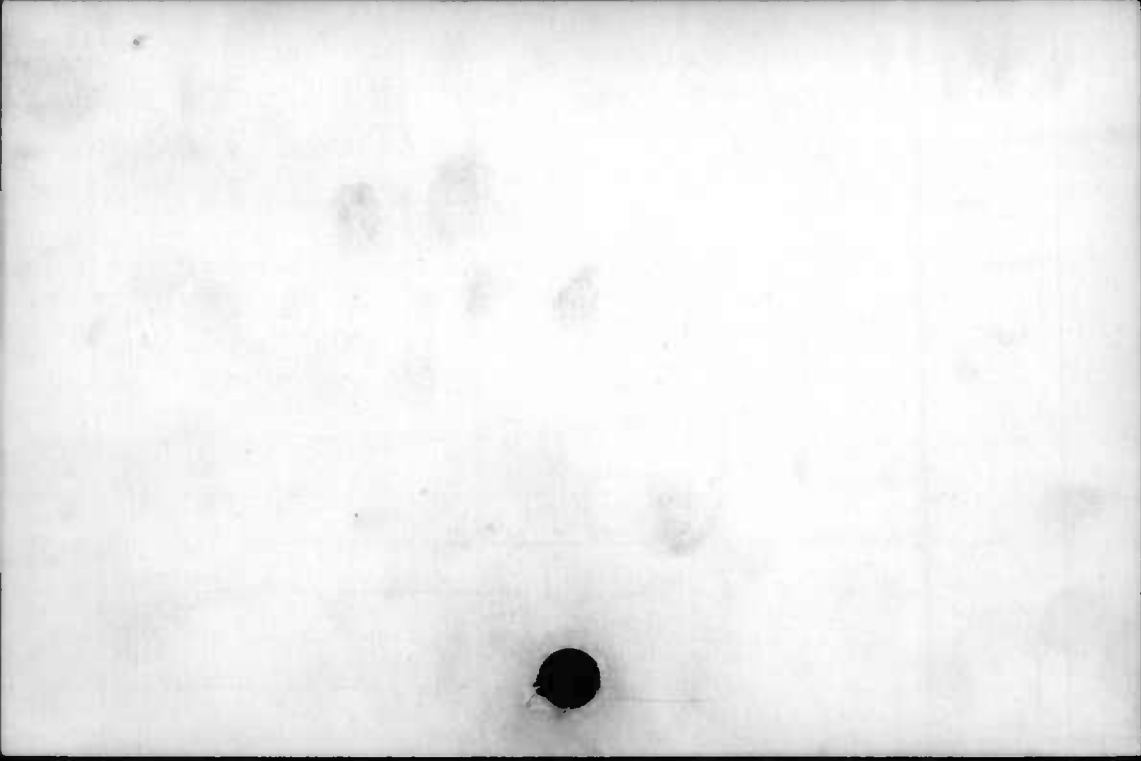
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	190 <u>6</u> Month <u>Sept</u> Day <u>4</u>	Age	Years <u>31</u> Months <u>2</u> Days		
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation		Where Residing if not at place of death			
Married, Single or <del>Widowed</del>		Name of Wife or <del>Husband</del> <u>Martina A. Hudson</u>			
Father's Name <u>Ebe Hudson</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Martina Webb</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Martina A. Hudson</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>6 months</u>
Immediate	<u>He at Salisbury</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. and J. Spring</u>	
		Address <u>Salisbury</u>	
Accident or Suicide? <u>No</u>			





Name  
In  
Full

## CERTIFICATE OF DEATH

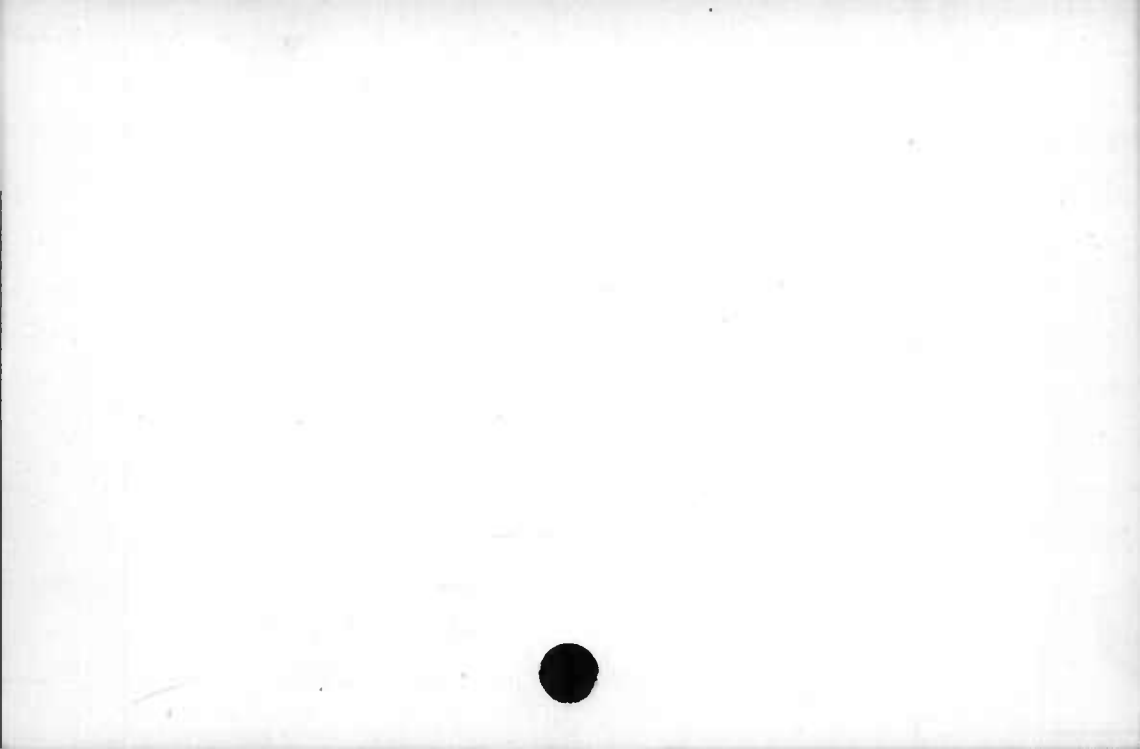
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND		
Date of death		1906	Month <i>Sept.</i>	Day <i>30</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>				
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>				
<del>Married</del> , Single or <del>Widowed</del>		<i>Single</i>		Name of Wife or Husband <i>_____</i>				
Father's Name <i>Edward Johnson</i>		Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Jenny Connolly</i>		Mother's Birthplace <i>"</i>						
Name of person giving information <i>Edward Johnson</i>		How related to deceased <i>Father</i>						

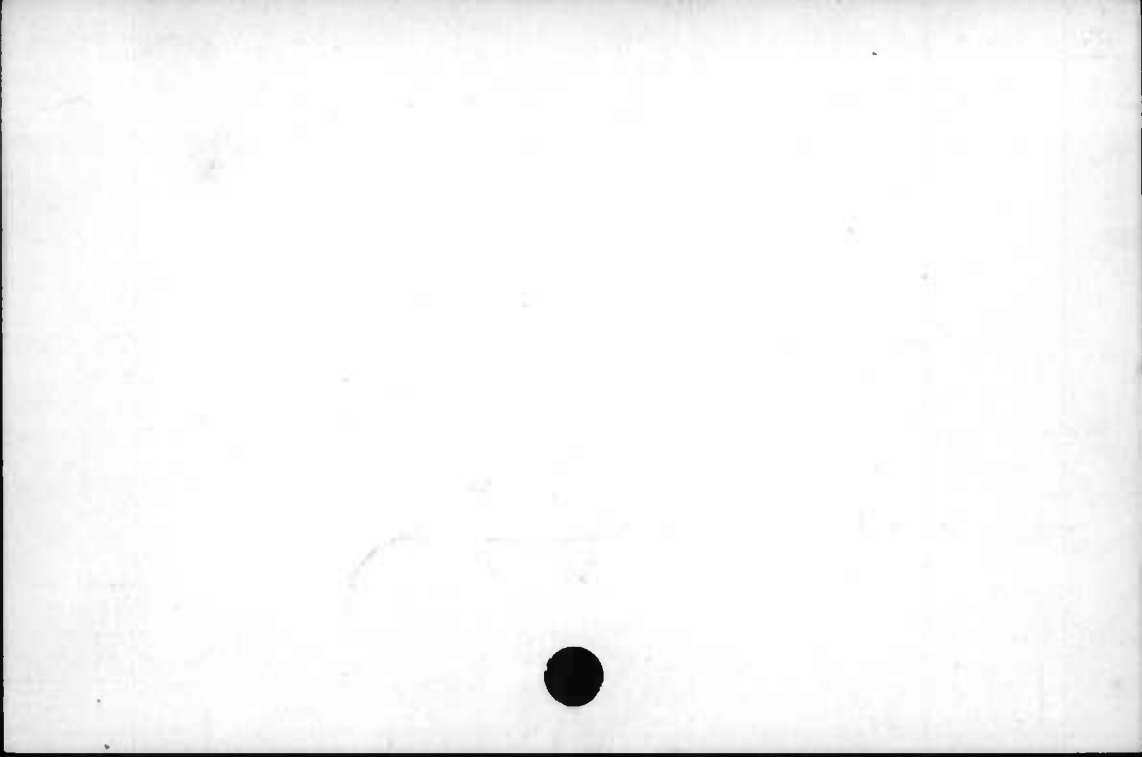
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long <i>151</i>	<i>48 hours</i>
Immediate	<i>_____</i>	How long <i>_____</i>	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>[Signature]</i>		Signature of Physician <i>Lawrence W. W. W. W. W.</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide? <i>[Signature]</i>			



Name in Full		Sarah E. M. Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Salisbury		Town		Wicomico
	County						MARYLAND
	Date of death	1906	Month	Sept	Day	Eight	Age 66
							2 Months 24 Days
	Sex			Color or Race	white		Birthplace
							Wicomico County
	Occupation					Where Residing if not at place of death	
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Widow		Name of Wife or Husband		Purnell Johnson
	Father's Name		Archelia Humphreys		Father's Birthplace		Wicomico County
	Mother's Maiden Name		Margaret Humphreys		Mother's Birthplace		Wicomico County
	Name of person giving information		L. A. Humphreys		How related to deceased		Cousin
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cause of Ball-Blinded & Liver				How long
							6 minutes or more
	Immediate		Toxaemia & heart failure				How long
							2nd week
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Louis W. McCombs MD
				Address		Salisbury	
						Mad	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>William C Johnson</b>		Town <b>Naor Parsonsburg</b>		County <b>Wicomico</b>		STATE <b>MARYLAND</b>	
Died at <b>Naor Parsonsburg</b>		Date of death <b>1906</b>		Month <b>Sept</b>		Day <b>15</b>	
Sex <b>male</b>		Color or Race <b>Black</b>		Birth-place <b>Md</b>		Age <b>23</b>	
Occupation <b>Labourer</b>		Where Residing if not at place of death		Months		Days	
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or <del>Husband</del> <b>Rosa Johnson</b>		Father's Name <b>John W Johnson</b>		Father's Birthplace <b>Md</b>	
Mother's Maiden Name <b>Liddy S Johnson</b>		Name of person giving information <b>John W Johnson</b>		Mother's Birthplace <b>Md</b>		How related to deceased <b>Father</b>	

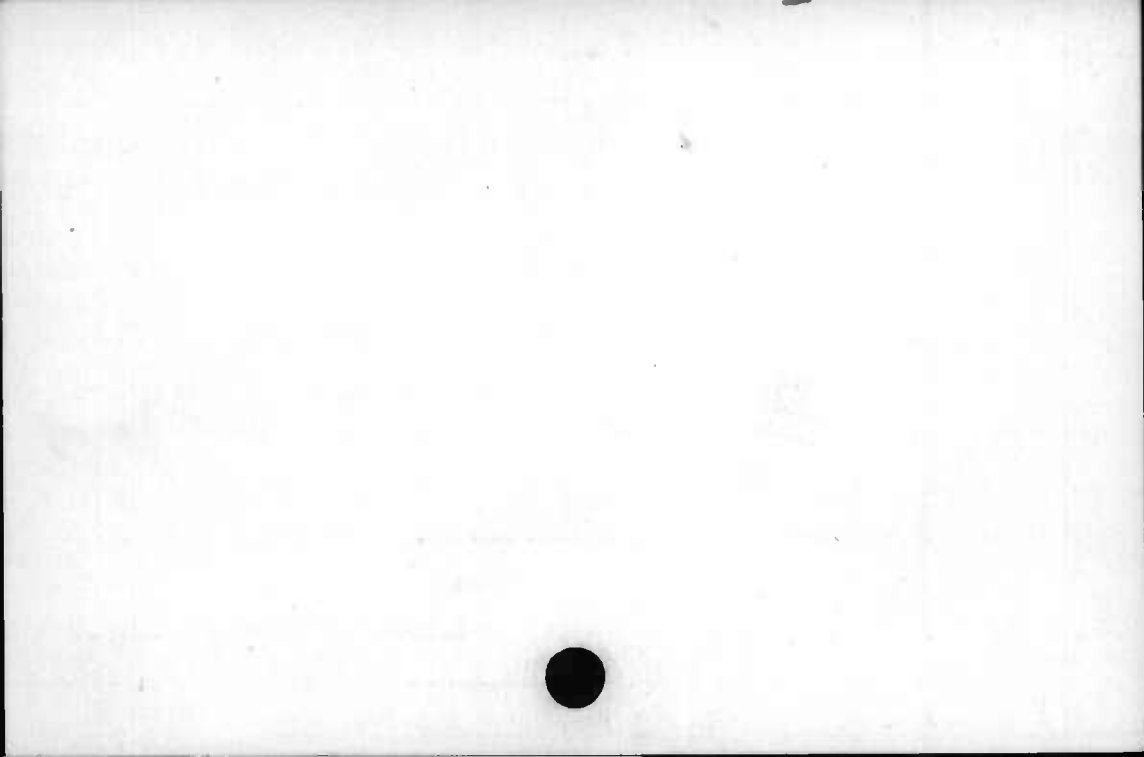
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Consumption</b>	How long	<b>2 1/2 months</b>
Immediate	<b>Exhaustion</b>	How long	<b>3 or 4 Days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. Geo. H. Smith</b>	
Address <b>Parsonsburg</b>		Address <b>Wicomico Co., Md</b>	
Accident or Suicide?			

D C Hallaway & Co

Name in Full		Mrs. Sallie Malone				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County.		MARYLAND	
	Near Green Hill		Wicomico				
	Date of death	1906	Month	Sept	Day	6	Age
			Years	49	Months		Days
	Sex	Female	Color or Race	White	Birth-place	Wicomico Co. Md.	
	Occupation	House-keeper		Where Residing if not at place of death			
	Married, Single or Widowed	Married	Name of Wife or Husband		Alexander Malone		
	Father's Name	Hon. Malone		Father's Birthplace	Md.		
Mother's Maiden Name	Sallie Pryor		Mother's Birthplace	Md.			
Name of person giving information	Nettie Goslee		How related to deceased		Niece		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer of liver		(40)	How long	1 year	
	Immediate	Exhaustion			How long	few days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Salisbury, Md.		
Accident or Suicide?		No					





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Annice Milbourne*

Town

County

Died at

*Butland**Wicomico*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1906 Sept 27*

Age

*30**4*

Sex

*Female*Color or  
Race*Black*Birth-  
place*Ind*

Occupation

*House work*Where Residing if not  
at place of deathMarried, ~~Single~~  
~~Widowed~~Name of Wife or  
Husband*Oscar Milbourne*Father's  
Name*E. L. P. P. P.*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Mary A. Thomas*Mother's  
Birthplace*Ind*Name of person giving  
In formation*John H. Williams*How related  
to deceased*no relation*

## CAUSES OF DEATH

Primary

*Consumption (Tuberculosis)*

How long

*Don't know*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Louis A. Scornis M.D.*  
*Dulles*  
*Ind.*PHYSICIAN  
OR CORONER

Accident or Suicide?

R. C. Hollaway Co.

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

Sept

26

Age

45

Sex

Female

Color or  
Race

White

Birth-  
place

Miami

Occupation

Nurse helper

Where Residing if not  
at place of death

"

Married, Single  
or WidowedName of Wife or  
Husband

Columbus C. Moore

Father's  
Name

James Webster

Father's  
Birthplace

Somerset

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Child-birth

How long

13 10 da-

Immediate

Puerperal

How long

6 da

Are the name, age, sex, color, date  
and place correctly given above?

Yes

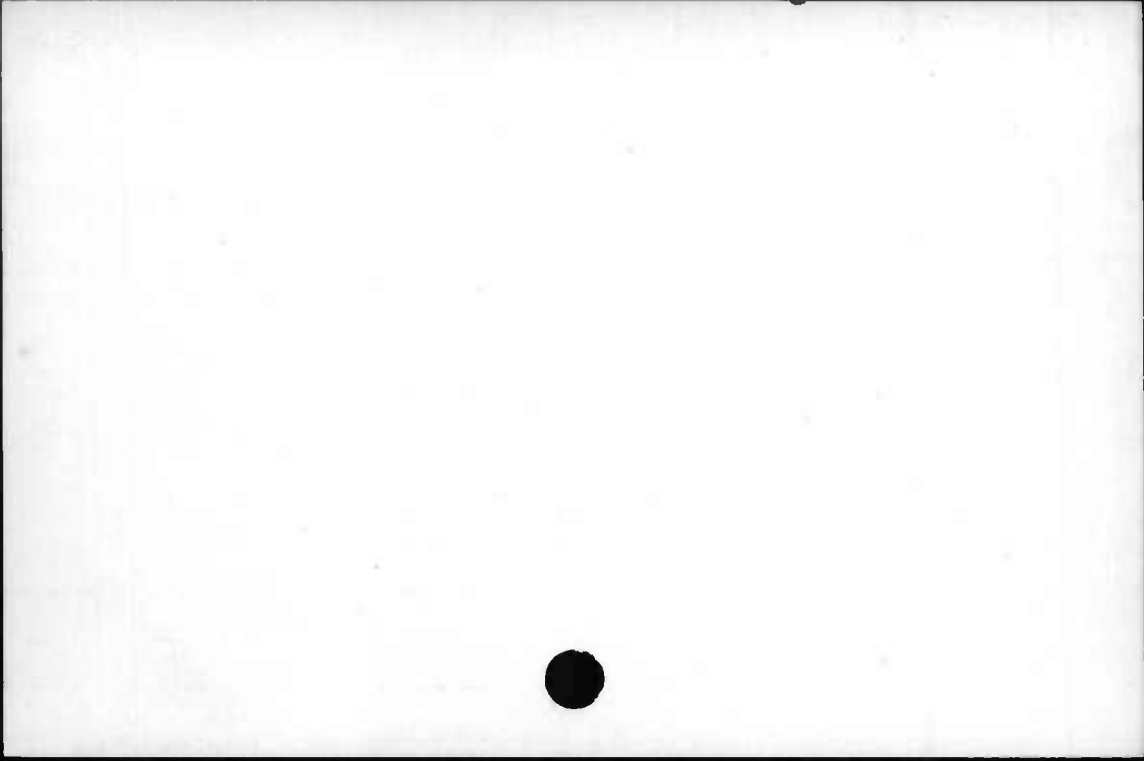
Signature of  
Physician

Address

J. R. Birly

Miami  
Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

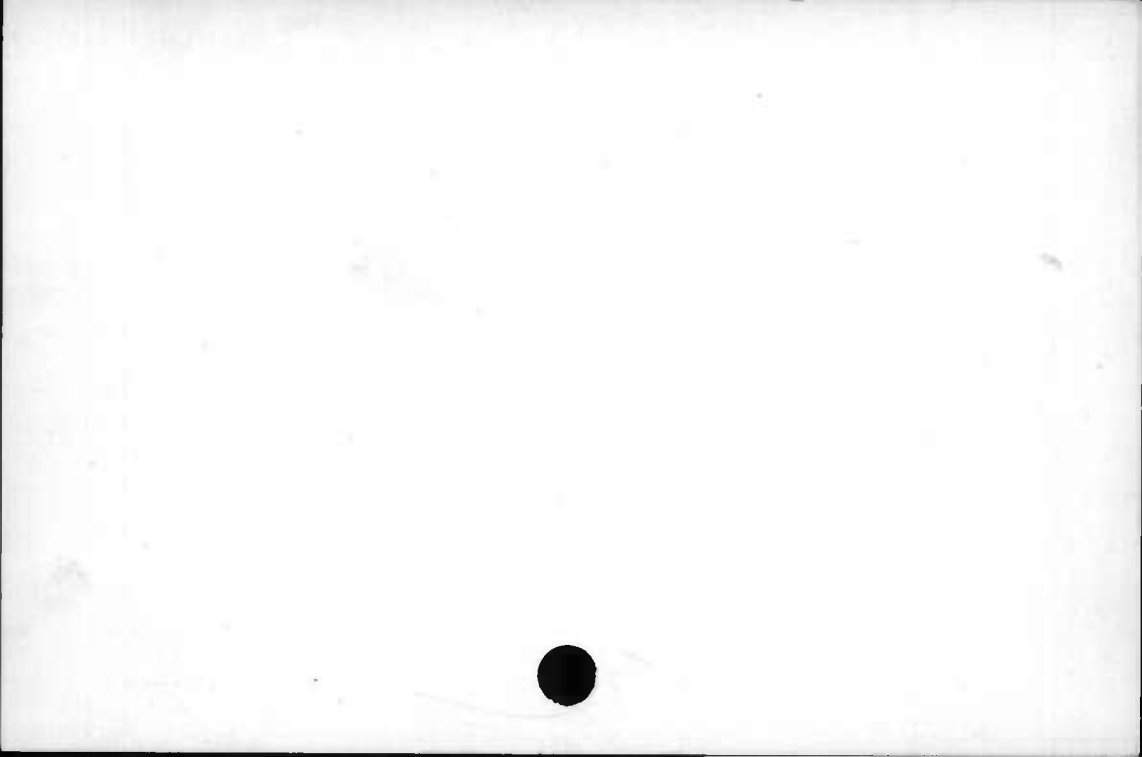
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Salisbury		Wicomico								
Date of death	1906	Month	Sept.	30 <sup>th</sup>	Years	81	Months	11	Days	0
Sex	Male		Color or Race	White		Birth-place	Somerset Co., Md.			
Occupation	carpenter				Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Josephine M. Murrell						
Father's Name	John M. Murrell					Father's Birthplace	Somerset Co., Md.			
Mother's Maiden Name	Lacretia McKee					Mother's Birthplace	" " "			
Name of person giving information	Michael Murrell					How related to deceased	Brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dementia Paralytica		How long	
Immediate	General Dementia insensitiva		How long	several months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Louis W. Kerns, M.D.
			Address	Salisbury Md.
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

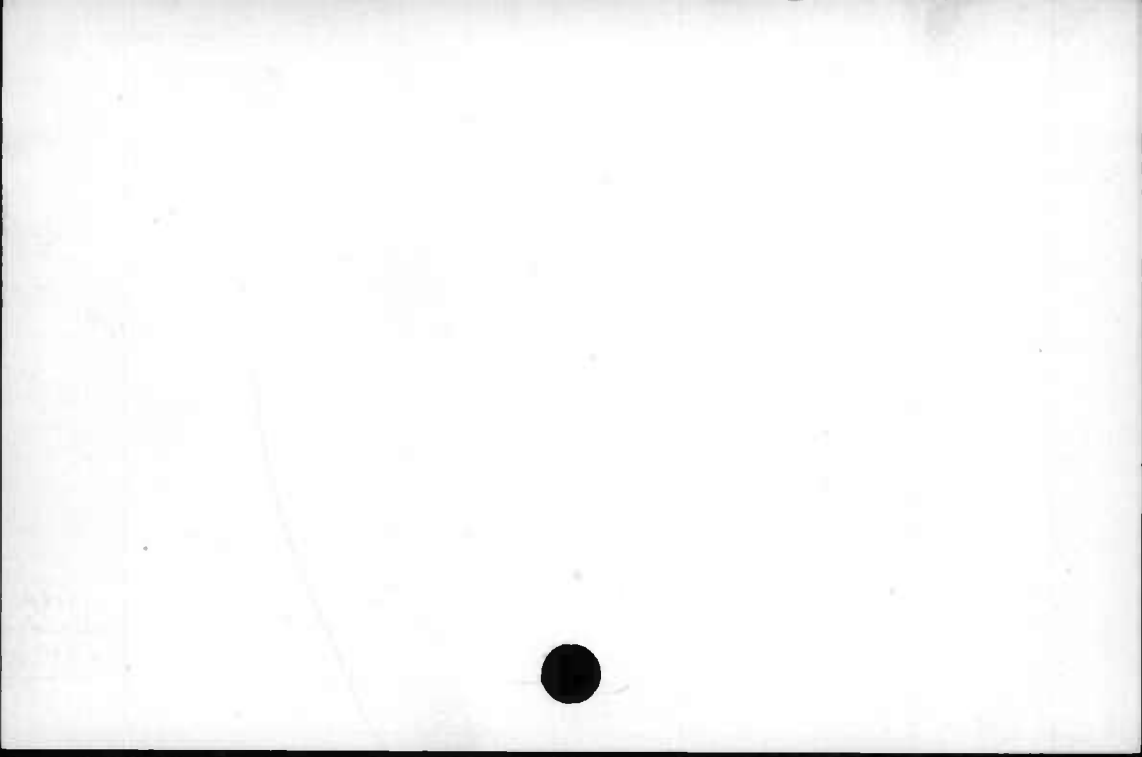
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant of W<sup>m</sup> S. Powell Not named</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MAYLAND	
Died at		Date of death		Age		Months Days	
		<i>1906 Sept 19</i>		<i>0 0</i>		<i>0 0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Maiden, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>W<sup>m</sup> S. Powell</i>		Father's Birthplace <i>Worcester Co. Md.</i>					
Mother's Maiden Name <i>Mary Deane</i>		Mother's Birthplace <i>Dorchester Co. Md.</i>					
Name of person giving information <i>William S. Powell</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
<i>Still Born</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Stenous M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	





Name

In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Florence Rencher

Died at *Jesteriville* Town

County

*Miamco*

MARYLAND

Date of death *1906* Month *Sept*

Day

*21*

Age

Years

*17*

Months

Days

Sex

*Female*

Color or Race

*White*

Birth-place

*Jesteriville*

Occupation

*Householder helper*

Where Residing if not at place of death

*"*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Alpheus Rencher*

Father's Birthplace

*Miamco*

Mother's Maiden Name

*Minie Robertson*

Mother's Birthplace

*"*

Name of person giving information

*Annie Rencher*

How related to deceased

*Mother*

## CAUSES OF DEATH

Primary

*Dysplasia*

How long

*4 weeks*

Immediate

*Neuritis*

How long

*2 da.*

Are the name, age, sex, color, date and place correctly given above?

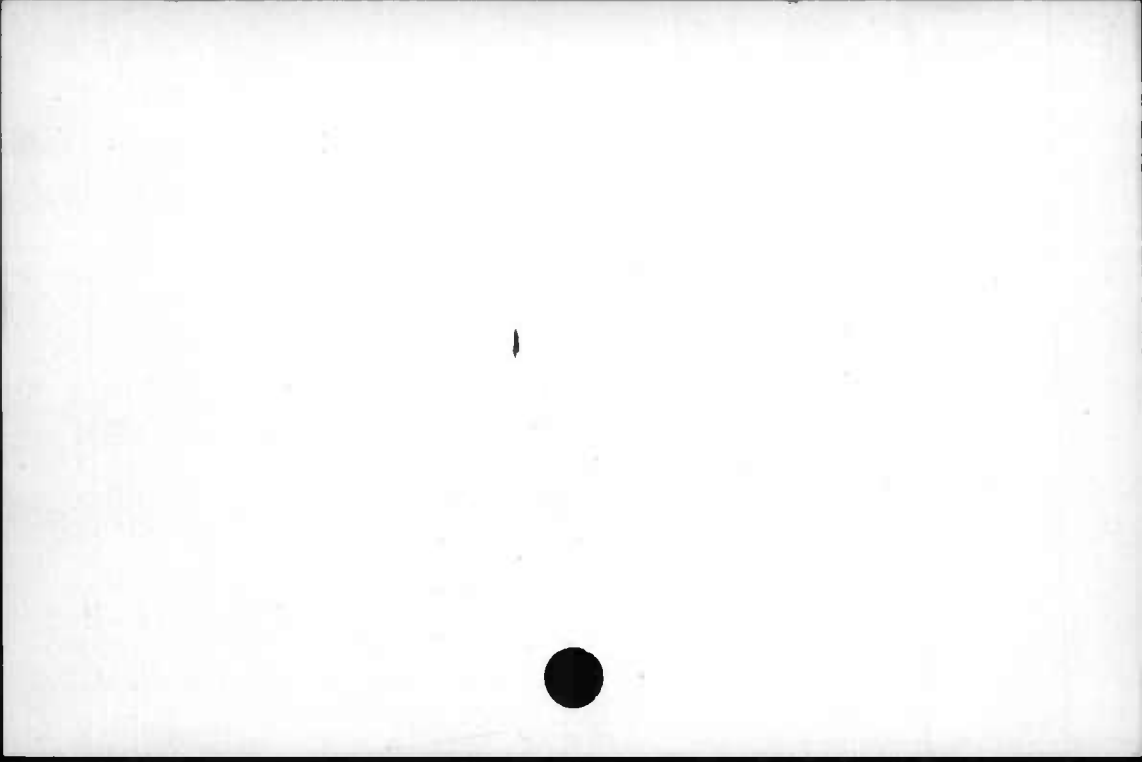
*Yes*

Signature of Physician

Address

*J. R. Bishop*  
*Nautic*PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Ans H Roberton* Town *Jessiterville* County *Wicomico*

Died at *Jessiterville*

Date of death *1906* Month *Sept* Day *4* Age *58* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Wicomico*

Occupation *Mariner* Where Residing if not at place of death *Wicomico*

Married, Single or Widowed *Single* Name of Wife or Husband *Susie Roberton*

Father's Name *Francis Roberton* Father's Birthplace *Wicomico*

Mother's Maiden Name *Elizabeth* Mother's Birthplace *Wicomico*

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute Dysentery* How long *6 weeks*

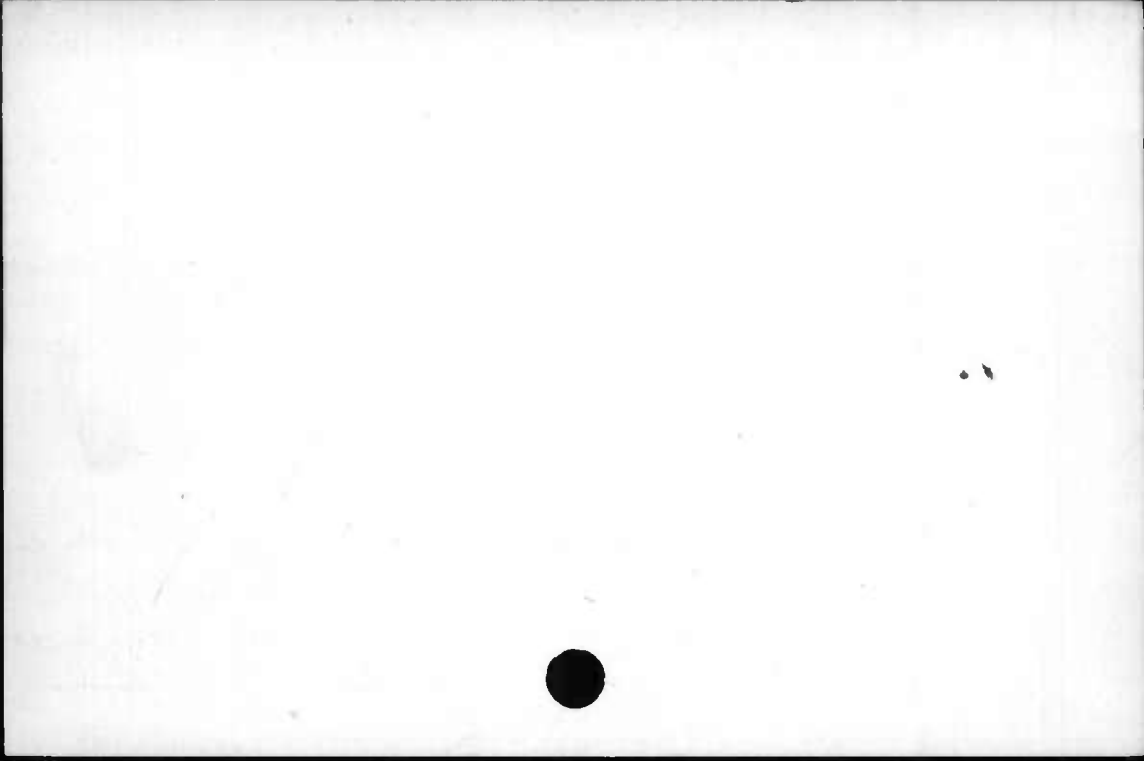
Immediate *Septicemia* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. C. Bishop*

Address *Wicomico*

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

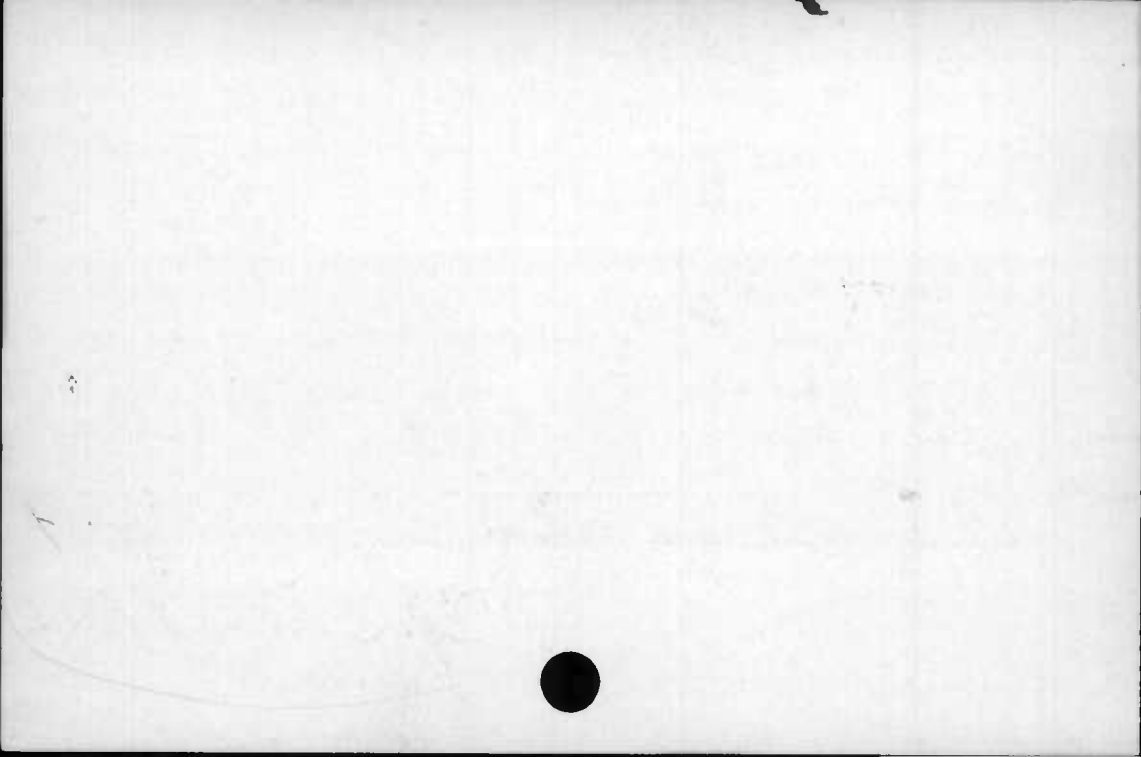
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mardela</i> <sup>town</sup>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>14</i>	Age <i>1</i>	Months <i>6</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mardela</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>James Solloway</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lizzie Adams</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>James Solloway</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>acute indigestion</i>	How long <i>104</i>	<i>since Birth</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. L. English</i>	
<i>C. L. English</i>		Address <i>Mardela Springs Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906 Sept 8</i>		Age <i>1</i>		Months <i>4</i>	Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Salisbury Md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Townsend</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ella Huston</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Ella Townsend</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Teething</i>	How long <i>3 months</i>
Immediate <i>Diarrhea</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C R Freeman</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	

H. G. Hallaway Rec



Name  
In  
Full

## CERTIFICATE OF DEATH

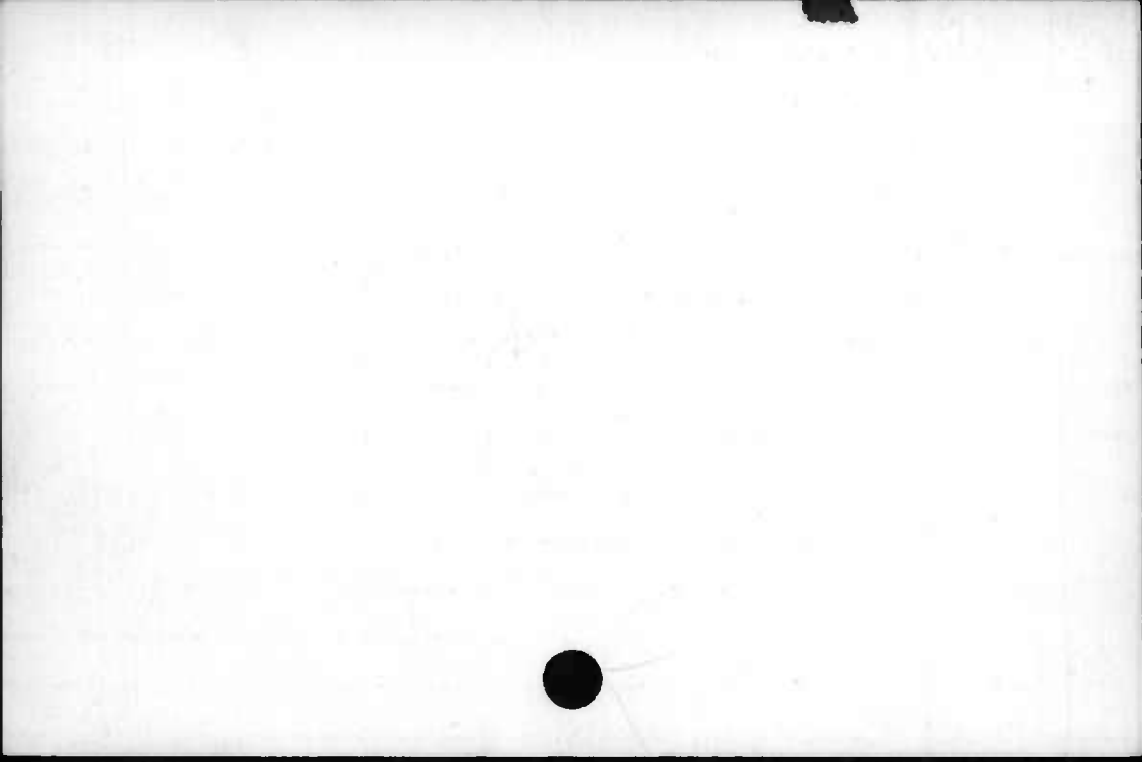
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shad Point</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>30th</i>	Age <i>_____</i>	Years <i>_____</i>	Months <i>_____</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Shad Pt Md.</i>		
Occupation <i>_____</i>			Where Residing If not at place of death <i>_____</i>		
<del>Married</del> Single <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Charles D. Washbourn</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mamie Fields</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. A. Fields</i>		How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Convulsions</i>	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lowell C. ...</i>
	Address <i>Dulles Md.</i>
Accident or Suicide?	



Name  
in  
Full

Charles L Whayland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1906	Month	Sept	Day	18
Age		Years	49	Months	2
Sex		male	Color or Race	White	Birth-place
Occupation		Laborer		Where Residing if not at place of death	
Married, Single or Widowed		Single			
Father's Name		Thomas J Whayland		Father's Birthplace	
Mother's Maiden Name		Dey, H. Brown		Mother's Birthplace	
Name of person giving information		Lizzie Whayland		How related to deceased	
				Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Epilepsy</u>	How long	<u>several years</u>
Immediate	<u>Severe Paralysis of the Brain</u>	How long	<u>few weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<u>Locust A. Sumner</u>	
		<u>Salisbury Md.</u>	
Accident or Suicide?			

For  
W. G. Holloway & Co.

Name  
in  
Full

William Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>1906</u> Sept	Month	<u>15</u> Day	Age	<u>50</u> Years
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation	<u>Fisherman</u>		Where Residing if not at place of death <u>Brisfield Md</u>		
Married, <del>Single</del> or <u>Widowed</u>	Name of Wife or <del>Husband</del>		<u>Mary Jane Williams</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace		
Mother's Maiden Name	<u>"</u>		Mother's Birthplace		
Name of person giving information	<u>Ella Blake</u>		How related to deceased <u>no relation</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gun shot wounds of ilium &amp; femur</u>	How long	<u>Immediate</u>
Immediate	<u>Peritonitis</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>[Signature]</u>	
Address		<u>Salisbury Md</u>	
Accident or Suicide?		<u>Accident</u>	

